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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Jim Risch for U.S. Senate Committee 407 W Jefferson Street ADDRESS (number and street) (Check if address is changed) Boise 83702-6049 ID CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@SenatorRisch.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.SenatorRisch.com (Check if address is changed) DATE 2020 C00440362 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Insinger, R. John, , , Type or Print Name of Treasurer Insinger, R. John, , , [Electronically Filed] 19 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC Form	1 (Revised 02/2009)	Page 2
TYPE OF COM	··········	
Candidate C	ommittee:	
(a) x T	his committee is a principal campaign committee. (Complete the candidate information below.))
in	his committee is an authorized committee, and is NOT a principal campaign committee. (Comformation below.)	plete the candidate
Name of Candidate	Risch, James, E, Mr.,	
Candidate Party Affiliation	Office Sought: House Senate President	State ID District 00
(c) T	his committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Comm	ittee:	
(d) T	his committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Acti	on Committee (PAC):	
(e) T	his committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
[Corporation Corporation w/o Capital Stock	Labor Organization
[Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	This committee supports/opposes more than one Federal candidate, and is NOT a separate secondities. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
Ī	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundrai	ising Representative:	
(0)	nis committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
	nis committee collects contributions, pays fundraising expenses and disburses net proceeds for two mmittees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
Commit	tees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3. _	FEC ID number	
4.		

FF0		
FEC Form 1 (Revised Write or Type Committee Nam		Page 3
	J.S. Senate Committee	
		Landarchin DAC Spansor
	Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
The Victory Club		
Mailing Address	PO Box 60148	
•		
	Washington DC 2	20039-0148
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization 🗶 Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
relationship.	Joint Fundraising representative	Leadership 1710 Sportson
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the perso	n in possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
	R. John, , ,	1
of Treasurer	J407 W Jefferson	
Mailing Address		
		83702-6049 -
Title or Position Treasurer	CITY STATE 208 Telephone number	ZIP CODE
<u> </u>		

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, hold ixes or maintains funds. Depository, etc.	ls accounts, rents
safety deposit box Name of Bank, D	xes or maintains funds.	ds accounts, rents
safety deposit box Name of Bank, D	xes or maintains funds. Depository, etc. Middletown Valley Bank	ds accounts, rents
safety deposit box Name of Bank, D	xes or maintains funds. Depository, etc. Middletown Valley Bank	ds accounts, rents
safety deposit box Name of Bank, D	Middletown Valley Bank 1101 Professional Court	zip code
safety deposit box Name of Bank, D	Middletown Valley Bank 1101 Professional Court Hagerstown CITY STATE	
safety deposit box Name of Bank, D Mailing Address Name of Bank, D	Middletown Valley Bank 1101 Professional Court Hagerstown CITY STATE	
safety deposit box Name of Bank, D Mailing Address	Depository, etc. Middletown Valley Bank 1101 Professional Court Hagerstown CITY STATE Depository, etc.	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address	22314-5404 ZIP CODE A ZIP CODE A ZIP CODE A
3.	22314-5404 ZIP CODE A ZIP CODE A ZIP CODE A
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Mailing Address 228 S Washington St	22314-5404 ZIP CODE A centative Leadership PAC S ZIP CODE A
Mailing Address Ste 115	ZIP CODE A ZIP CODE A ZIP CODE A
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Relationship: CITY A STATE A ZIP CODE Connected Organization X Affiliated Committee Joint Fundraising Representative Leadership PA esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION V CITY A STATE A ZIP CODE A anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, affety deposit boxes or maintains funds. AXOS epository, etc. IPO Box 509127	ZIP CODE A ZIP CODE A ZIP CODE A
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	Leadership PAC S
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TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number ANOS epository, etc. PO Box 509127	
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afety deposit boxes or maintains funds. ame of Bank, AXOS epository, etc. PO Box 509127	osits funds, holds accounts, re
epository, etc. PO Box 509127	
iPO Box 509127	
Mailing Address PO Box 509127	
San Diego	92150

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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or(h). Joint Fundraisin	g Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected Supporters Of Jim	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO Box 60148		
	Washington	DC	20039-0148
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spor
Designated Agent: Identify	by name address (phone number – optional)		
Designated Agent: Identify Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A Tel	STATE ▲ ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, First In	CITY CITY Tel ries: List all banks or other depositories in which t intains funds. ternet Bank	STATE ▲ ephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY CITY Tel ries: List all banks or other depositories in which t intains funds. ternet Bank	STATE ▲ ephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8 and

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h). Joint Fundraising		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4		FEC ID number	[C]
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
Connected		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
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esignated Agent: Identify Full Name	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main	by name, address (phone number – optional) CITY CITY ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Chain E	by name, address (phone number – optional) CITY CITY Tellies: List all banks or other depositories in which intains funds. Bridge Bank	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page ____ **of** ____

(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
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laine of Any Connected	organization, Annated Committee, John Fe	unuraising nepresentativ	ve, or Leadership FAC Spor
1			
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE A
Connected	Organization Affiliated Committee	Joint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identify	Organization Affiliated Committee by name, address (phone number – optional		tative Leadership PAC Sp
esignated Agent: Identify Full Name			tative Leadership PAC Sp
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esignated Agent: Identify Full Name _ _ _	by name, address (phone number – optiona		Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optiona	i)	
esignated Agent: Identify Full Name	by name, address (phone number – optiona CITY CITY ies: List all banks or other depositories in whether the state of	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name	by name, address (phone number – optiona CITY CITY ies: List all banks or other depositories in whether the state of	STATE A Telephone Number	ZIP CODE A
Full Name	by name, address (phone number – optiona CITY CITY ies: List all banks or other depositories in white intains funds.	STATE A Telephone Number	ZIP CODE A
Full Name	by name, address (phone number – optiona CITY CITY ies: List all banks or other depositories in white intains funds.	STATE A Telephone Number	ZIP CODE A